



City of Las Vegas  
Parking Services Division  
500 South Main Street  
Las Vegas, NV 89101  
Phone: (702) 229-4700  
Fax: (702) 382-2309

## **APPEARANCE**

### **Hearing Request Instructions**

1. Fill out attached form **completely and with ALL evidence included.**
2. **ONLY** the Registered Owner can apply for the Hearing Request, with the exception of Rental Car Agencies as long as the contract stipulates you are responsible for all violations while operating their vehicle. If you are **not** the Registered Owner of the vehicle, you will be required to have the Registered Owner sign the Declaration for Registered Owner Requesting Authorized Representation form to allow the Authorized Representative to file on their behalf. **Please include a copy of your photo ID**
3. **If you choose to appear in front of the Hearing Officer, you must bring the form to the office in person to schedule a date and time to: Parking Services, 500 South Main Street.** An option for a Non-Appearance Hearing request can be submitted via the internet at [www.lasvegasnevada.gov/parking](http://www.lasvegasnevada.gov/parking)
4. Once the forms are received, your citation will be placed on hold to avoid additional penalties and be reviewed by the Hearing Officer at the next available Hearing Date. Receipt of any payment will be considered forfeiting your rights to the appeal and your Hearing will be cancelled.
5. Once you appear for your hearing, you will receive documentation at the hearing and if a balance is due, you will have **30 days** from the date your case was heard to secure payment in full or sign up for an Installment Payment Plan.
6. Failure to pay in full or schedule an Installment Payment Plan within a **30 day** period may result in an increase to your citation due to penalties accruing and/or the Hearing Officer's decision being reversed.
7. Any payment amounts you are found liable for can be made by phone, mail or via internet at: [www.lasvegasnevada.gov/parking](http://www.lasvegasnevada.gov/parking)

### **Hearing Confirmation**

*For Office Use Only*

Name: \_\_\_\_\_

Clerk: \_\_\_\_\_

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_

Infraction(s) \_\_\_\_\_

License Plate: \_\_\_\_\_



**CITY OF LAS VEGAS - MUNICIPAL PARKING PROGRAM**  
**H E A R I N G   O F F I C E R   R E Q U E S T**

I, \_\_\_\_\_, hereby request a binding hearing in the nature of arbitration or alternative dispute resolution before a hearing officer.

My Address is \_\_\_\_\_

*I request this hearing involving Notice of Infraction Number(s) (Citation Numbers):*

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

License Plate #: \_\_\_\_\_

*I understand that the Hearing Officer is an attorney and not an elected or appointed judge.*

*I understand that I am agreeing to be bound by the decision of the Hearing Officer. I understand and agree that, if necessary, due to my lack of timely payment, the City of Las Vegas can and may use this binding decision to have a formal civil judgment entered against me in the Las Vegas Municipal Court.*

*I understand that if I fail to appear for the scheduled hearing before the Hearing Officer without first obtaining a continuance of such hearing, the Hearing Officer may enter a decision against me for the full amount and penalties scheduled to be reviewed. Only one continuance will be allowed and must be requested prior to your hearing date.*

*I understand that if a civil judgment is obtained, the city may seek and obtain a Writ of Execution against me. I understand that if a Writ of Execution is obtained, my wages and/or bank account may be garnished, liens may be put on my property, and my vehicle(s) may be towed or immobilized.*

*Knowing all of the above, I still wish to request a binding hearing before the Hearing Officer on the above-described Notice of Infraction(s).*

*I hereby acknowledge the above and further acknowledge that at my request the Hearings Officer will review my written explanation and come to a decision.*

|                                   |    |                        |
|-----------------------------------|----|------------------------|
| _____                             | Or | _____                  |
| Phone Number                      |    | Alternate Phone Number |
| _____                             |    | _____                  |
| Registered Owner<br>(Please Sign) |    | Date                   |

**CITY OF LAS VEGAS  
MUNICIPAL PARKING PROGRAM**

Name: \_\_\_\_\_

**Defense for Original Fine:** Please explain in **full detail** the reason you want to contest this ticket. (Check One)

\_\_\_\_\_ Vehicle Breakdown                      \_\_\_\_\_ Sold Vehicle  
\_\_\_\_\_ Medical Emergency                      \_\_\_\_\_ Inadequate Signs or Curb Paint  
\_\_\_\_\_ Did Not Receive Ticket on the Vehicle                      \_\_\_\_\_ Financial hardship (provide proof)  
\_\_\_\_\_ Other

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**Defense for any accrued Penalties:** Please explain in **full detail** the reason why any late fees accrued and the citation was not paid or contested within 30 days of issuance.

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**\*PROVIDE ALL EVIDENCE WHEN SUBMITTING THE HEARING REQUEST FORM, UNLESS YOU ARE APPEARING IN PERSON AT A HEARING.**

**Return this form to:**

City of Las Vegas  
Parking Services Office  
500 South Main Street, Las Vegas, NV 89101  
(702) 229-4700 (Main)    (702) 382-2309 (Fax)